First Reformed Church of Scotia

AUTOMATIC DEBIT AUTHORIZATION FORM

I hereby authorize the First Reformed Church of Scotia to initiate debit entries from my checking or savings account in accordance with the information below. I understand that I am in full control of this authorization, and that I may make changes to this agreement at any time simply by filling out a new Automatic Debit Authorization Form, or by notifying the church in writing of the changes I desire.

This is a:

( ) New Automatic Debit agreement

( ) Change to my existing Automatic Debit agreement

( ) Cancellation of my existing Automatic Debit agreement

Your Name: _____

Name of your Bank: _____

Your **9-digit** Bank Routing Number: _____

Type of account: ( ) Checking account ( ) Savings account

Account Number: _____

I would like to make the following monthly contribution to the General Fund: $_____

If you would like to make monthly contributions to our mission offerings, in addition to your monthly pledge, please indicate that below.

I would like to make a monthly contribution to the following accounts:

___ Communion Offering in the amount of: $_____

___ Mission of the Month in the amount of: $_____

Please note: Your transfer will occur monthly on the 5th of every month and will appear on your bank statement as one total debit (the church office will keep a record of contributions designated to different funds). If the 5th of the month falls on a Saturday, Sunday or Federal Holiday, the transfer will take place the following business day. This document will be maintained at the First Reformed Church of Scotia Business Office (224 N. Ballston Avenue, Scotia, New York) until further notice.

Account Holders Signature:_____ Date: _____

PLEASE ATTACH A DEPOSIT TICKET OR A VOIDED CHECK AND RETURN TO THE CHURCH OFFICE – ATTENTION: KEN SWAIN. A $15.00 FEE WILL BE CHARGED ON ANY DISHONORED AUTOMATIC DEBIT FROM YOUR ACCOUNT.